

***FY2002 Performance Highlights***  
***Christopher Grundler, Deputy Director***

(b) (6)



(b) (6)



(b) (6)



(b) (6)





(b) (6)



(b) (6)



(b) (6)



(b) (6)



(b) (6)



(b) (6)



(b) (6)



(b) (6)





U.S. Environmental Protection Agency

Washington, DC 20460

**Performance Agreement, Appraisal and  
Certification for Supervisors, Managers and Executives**

Employee's Name (Last, First, MI)

GRUNDLER, H. Christopher

Performance Period

From

10/01/00

To

09/30/01

Title, Pay Plan, Series, Grade, Step

Deputy Director ES-0801-00/04

Organization (AA, Ofc, Div, Br)

OAR, OTAQ

**Section A.****Performance Agreement and Midyear Review Certifications***Please sign and date the appropriate block below to certify completion of the events.*

	Employee	Supervisor	Approving Official
1. Discussion and/or approval of the performance agreement	Signature 	Signature 	Signature 
	Date 9/30/00	Date See Attached	Date
2. Midyear performance review and career development discussion	Yes / No		
	<input type="checkbox"/>	Was standard for recertification discussed? (SES members only)	
	<input type="checkbox"/>	Was previous IDP completed? (Participated in 40 hours of development activities)	
	<input type="checkbox"/>	Has new IDP been Established? (Date _____)	
Comments Attached			
Signature - Employee 		Date 4/23/01	Signature - Supervisor 
		Date	

**Section B.****Overall Performance Appraisal and Certification**

Summary Performance Rating: (Definitions apply to GM employees only)

- (b) Outstanding - One-half or more CJE's are rated Outstanding, none lower than Exceeds Expectations.
- (6) Exceeds Expectations - One-half or more CJE's are rated Exceeds Expectations or higher, none lower than Fully Successful.
- Fully Successful - Majority of CJE's are rated Fully Successful, none lower than Fully Successful.
- Minimally Satisfactory - One or more CJE's are rated Minimally Satisfactory, none are Unsatisfactory.
- Unsatisfactory - One or more CJE's are rated Unsatisfactory.

Type of Summary Rating:

☒ End of annual cycle ☐ Employee Reassigned ☐ Employee Leaving Agency ☐ Other (Specify) \_\_\_\_\_I, ~~Supervisor~~ I have appraised this employee's performance and prepared a recommended rating. Reviewing Official

Name and Title (type or print) Jeffrey Holmstead, AA Office of Air and Radiation	Signature 	Date 10-30-01
--	---------------	------------------

II. ~~Reviewing Official~~ (SES and PMRS Only) The recommended rating reflects my assessment of the employee's performance.

Name and Title (type or print) MARGO T. OGE Director, OAR/OTAQ	Signature 	Date October 29, 2001
--	---------------	--------------------------

III. Approving Official: (All Employees) I approve the rating of record and related personnel decisions for this employee.

Name and Title (type or print) Christine Todd Whitman, Administrator	Signature 	Date
---	---------------	------

**Privacy Act Statement:** Disclosure of your Social Security Number on this form is voluntary. The number is linked with your name in the official personnel records system to ensure unique identification of your records. The Social Security Number will be used solely to ensure accurate entry of your performance rating into the automated record system.

IV. Employee: My Supervisor and I have discussed my performance for this period in relation to my performance standards and measures, and my supervisor has informed me of my rating of record.

Signature 	Date 10/1/01	Comments Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Social Security Number (b) (6)
---------------	-----------------	---	-----------------------------------



UNITED STATES  
**ENVIRONMENTAL PROTECTION AGENCY**

Directions: Check below as appropriate. Refer to Recognition Manual 3130 for criteria. *For monetary awards cite appropriate table, calculation of tangible benefit, and/or extent and scope of intangible benefits in written description.*

- ☐ **"Q" Award - QUALITY ACCOMPLISHMENT RECOGNITION AWARD.** The Agency's highest monetary award. Exceeds criteria for "S" Award, for exceptional and rare accomplishments. (Attach detailed description of accomplishments.)
- ☐ **QUALITY STEP INCREASE (QSI) -** Step increase to base salary; based on high quality performance during most recent period of record; and anticipated during next rating period. Employee may receive no more than one QSI in a 52 week period. (Attach completed EPA Form 3130-QSI)
- ☒ **"S" Award - SUPERIOR ACCOMPLISHMENT RECOGNITION AWARD -** For noteworthy accomplishments including one-time acts or high quality performance. (Attach a brief description of accomplishment.)
- ☐ **On-the-Spot (OTS) -** Same general criteria as "S" Award, except intended to recognize modest accomplishments quickly. Maximum cash value: \$250. (Attach brief description of accomplishment)
- ☐ **TIME-OFF AWARD (TO) -** Award of excused absence, in increments of from 1 hour to 40 hours, for noteworthy achievements, either one-time acts or performance. (Attach description of achievement)
- ☐ **"T" Award - TEAM AWARD -** For accomplishments by entire team, individual team members, and/or team peers on a team. (Attach brief description of team achievement, as appropriate, description of individual member achievement & justification of cash amounts other than equal shares) Indicate whether this is a "Q" or "S" Award. \_\_\_\_\_
- ☐ Award to entire Team      ☐ Award to Individual Team Member(s)

NAME (For team awards attach a list showing names, SSNs, position titles, series, grade/step)  
Grundler, Christopher H.

POSITION TITLE, SERIES, GRADE/STEP  
General Engineering, ES-801-00

ORGANIZATION AND LOCATION  
OAR/Office of Transportation & Air Quality, Deputy Office Director (Ann Arbor MI)

SOCIAL SECURITY NUMBER  
(b) (6)

TIMEKEEPER NUMBER

PERSON TO RECEIVE CHECK

PERIOD OF SERVICE ON WHICH AWARD IS BASED

FROM 10-1-00 TO 9-30-01

TIME OFF		TANGIBLE		INTANGIBLE		TOTAL			
HRS.		\$		\$		\$			
				4,011.00 (3%)		3,765 4,011.00 (3%)			
OFFICIAL	SIGNATURE			TITLE		DATE			
NOMINATING EMPLOYEE (PEER)									
APPROVING RECOMMENDING OFFICIAL				Jeffrey Holmstead, AA OAR					
RECOMMENDING OFFICIAL	Margo Tsigotis Oge			Director, Office of Transportation & Air Quality					
OBLIGATING OFFICIAL	Rosemary Debes			Program Analyst, OTAQ Planning & Budget Office		10-29-01			
LINE 1. 2. 3.	DCN (MAX 6) 1. 2. 3.	BUDGET/FY (MAX 4) 1. 0203 2.	APPROP.CODE (MAX 6) 1. C 2.	BUDGET ORG/CODE 1.56E 2.	PROG. ELEM. (MAX 9) 1. 10101A 2.	OBJ. CLASS (MAX 4) 1. 2. 3.	SFO (MAX 2) 1. 2. 3.		
AMOUNT		(Dollars) (Cents)		SITE/PROJECT (MAX 8)		COST ORG/CODE (MAX 7)		FUND'G APPROP	
1. 2. 3.				1. 2. 3.		1. 2. 3.		1. 2. 3.	

**Special Act Award Nomination for Christopher Grundler**

(b) (6)



**Narrative on FY01 Human Capital Highlights: Christopher Grundler, Deputy Director,  
Office of Transportation and Air Quality, Office of Air and Radiation**

(b) (6)



(b) (6)





## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>GRUNDLER, H. CHRISTOPHE</b>	2. Social Security Number <b>(b) (6)</b>	3. Date of Birth <b>(b) (6)</b>	4. Effective Date <b>12-03-00</b>
---	---	------------------------------------	--------------------------------------

FIRST ACTION		SECOND ACTION	
5-A. Code <b>840</b>	5-B. Nature of Action <b>INDIVIDUAL CASH</b>	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number <b>ES-0764 DEP DIR/MOBILE SOURCES</b>	15. TO: Position Title and Number <b>ES-0764 DEP DIR/MOBILE SOURCES</b>
---	--

8. Pay Plan <b>ES</b>	9. Occ. Code <b>0801</b>	10. Grade/Level <b>00</b>	11. Step/Rate <b>04</b>	12. Total Salary <b>\$130200.00</b>	13. Pay Basis <b>PA</b>	16. Pay Plan	17. Occ. Code	18. Grade/Level	19. Step/Rate	20. Total Salary/Award <b>\$3666.00</b>	21. Pay Basis
12A. Basic Pay <b>122200.00</b>	12B. Locality Adj. <b>8000.00</b>	12C. Adj. Basic Pay <b>130200.00</b>	12D. Other Pay	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay				

14. Name and Location of Position's Organization <b>64012101 EPA, ASST ADMR FOR AIR &amp; RADIATION, OFFICE OF TRANSPORTATION &amp; AIR QUALITY DEPUTY OFFICE DIRECTOR, IMMEDIATE OFFICE ANN ARBOR, MICHIGAN</b>	22. Name and Location of Position's Organization <b>64012101 EPA, ASST ADMR FOR AIR &amp; RADIATION, OFFICE OF TRANSPORTATION &amp; AIR QUALITY DEPUTY OFFICE DIRECTOR, IMMEDIATE OFFICE ANN ARBOR, MICHIGAN</b>
---	---

EMPLOYEE DATA			
23. Veterans Preference <b>(b) (6)</b> 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%	24. Tenure <b>0</b> 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite	25. Agency Use <b>3</b>	26. Veterans Preference for RIF <b>(b) (6)</b>
27. FOL <b>(b) (6)</b>	28. Annuitant Indicator <b>9 NOT APPLICABLE</b>	29. Pay Rate Determinant <b>0</b>	
30. Retirement Plan <b>1 CSRS</b>	31. Service Comp. Date (Leave) <b>(b) (6)</b>	32. Work Schedule <b>F FULL TIME</b>	33. Part-Time Hours Per Biweekly Pay Period <b>00</b>

34. Position Occupied <b>3</b> 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved		35. FLSA Category <b>E</b> E - Exempt N - Nonexempt	36. Appropriation Code <b>8031</b>	37. Bargaining Unit Status <b>8888</b>
38. Duty Station Code <b>26-0150-161</b>		39. Duty Station (City - County - State or Overseas Location) <b>ANN ARBOR, MICHIGAN</b>		

40. AGENCY DATA <b>001</b>	41. <b>00-00-00</b>	42.	43. <b>V2M</b>	44. <b>00-00-00 Y 01-23-94</b>
-------------------------------	------------------------	-----	-------------------	-----------------------------------

45. Remarks  
**THIS POSITION IS DESIGNATED FOR DRUG TESTING (POSITION CODE \*NS\*)**

46. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>			50. Signature/Authentication and Title of Approving Official <b>Karen A. Stinson</b> PERSONNEL MGMT SPECIALIST	
47. Agency Code <b>EP 00</b>	48. Personnel Office ID <b>3216</b>	49. Approval Date <b>12-13-00</b>		



U.S. Environmental Protection Agency  
Washington, DC 20460

**Performance Agreement, Appraisal and  
Certification for Supervisors, Managers and Executives**

Employee's Name (Last, First, MI)

Grundler, H. Christopher

Title, Pay Plan, Series, Grade, Step

Deputy Director, ES-0801, 00/04

Performance Period

From

10/01/99

To

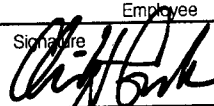
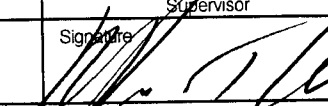
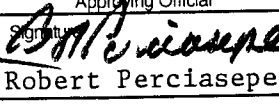
09/30/00

Organization (AA, Ofc, Div, Br)

OAR, OMS

**Section A. Performance Agreement and Midyear Review Certifications**

Please sign and date the appropriate block below to certify completion of the events.

	Employee	Supervisor	Approving Official
I. Discussion and/or approval of the performance agreement	Signature 	Signature 	Signature 
	Date 10/5/99	Date	Date

II. Midyear performance review and career development discussion	Yes/No
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Was standard for recertification discussed? (SES members only)

Was previous IDP completed? (Participated in 40 hours of development activities)

Has new IDP been Established? (Date \_\_\_\_\_)

Comments Attached

Signature - Employee	Date	Signature - Supervisor	Date



**Section B. Overall Performance Appraisal and Certification****Summary Performance Rating: (Definitions apply to GM employees only)**

(b) (6)

Outstanding - One-half or more CJE's are rated Outstanding, none lower than Exceeds Expectations.  
Exceeds Expectations - One-half or more CJE's are rated Exceeds Expectations or higher, none lower than Fully Successful.  
Fully Successful - Majority of CJE's are rated Fully Successful, none lower than Fully Successful.  
Minimally Satisfactory - One or more CJE's are rated Minimally Satisfactory, none are Unsatisfactory.  
Unsatisfactory - One or more CJE's are rated Unsatisfactory.

Type of Summary Rating:

☒ End of annual cycle ☐ Employee Reassigned ☐ Employee Leaving Agency ☐ Other (Specify) \_\_\_\_\_

**I. Supervisor:** I have appraised this employee's performance and prepared a recommended rating. **Reviewing Official**

Name and Title (type or print) Robert Perciasepe, AA OAR	Signature <i>Robert Perciasepe</i>	Date 11-3-00
--	---------------------------------------	-----------------

**II. Reviewing Official:** (SES and PMRS Only) The recommended rating reflects my assessment of the employee's performance. **Supervisor**

Name and Title (type or print) Margo T. Oge Director, Office of Mobile Sources	Signature <i>Margo T. Oge</i>	Date OCT 25 2000
--	----------------------------------	---------------------

**III. Approving Official:** (All Employees) I approve the rating of record and related personnel decisions for this employee.

Name and Title (type or print) Carol Browner, Administrator	Signature <i>Carol A. Browner</i>	Date
---	--------------------------------------	------

**Privacy Act Statement:** Disclosure of your Social Security Number on this form is voluntary. The number is linked with your name in the official personnel records system to ensure unique identification of your records. The Social Security Number will be used solely to ensure accurate entry of your performance rating into the automated record system.

**IV. Employee:** My Supervisor and I have discussed my performance for this period in relation to my performance standards and measures, and my supervisor has informed me of my rating of record.

Signature <i>[Signature]</i>	Date 10/13/00	Comments Attached? Yes No	Social Security Number 386-68-9240
---------------------------------	------------------	------------------------------	---------------------------------------

EPA Form 3140-32 (9-92) (11-92) 1-2







United States  
Environmental Protection Agency

RECOMMENDATION FOR INCENTIVE RECOGNITION

Directions: Check below as appropriate. Refer to Recognition Manual 3130 for criterion. For monetary awards cite appropriate table, calculation of tangible benefit, and/or extent and scope of intangible benefits in written description.

- ☐ "Q" Award - QUALITY ACCOMPLISHMENT RECOGNITION AWARD. The Agency's highest monetary award. Exceeds criteria for "S" Award, for exceptional and rare accomplishments. (Attach detailed description of accomplishments.)
- ☐ QUALITY STEP INCREASE (QSI) - Step increase to base salary; based on high quality performance during most recent rating period of record; and, anticipated during next rating period. Employee may receive no more than one QSI in a 52 week period. (Attach completed EPA Form 3130 - QSI)
- ☒ "S" Award - SUPERIOR ACCOMPLISHMENT RECOGNITION AWARD - For noteworthy accomplishments including one-time acts or high quality performance. (Attach a brief description of accomplishment.)
- ☐ On-the-Spot (OTS) - Same general criteria as "S" Award, except intended to recognize modest accomplishments quickly. Maximum cash value: \$250. (Attach brief description of accomplishment)
- ☐ TIME-OFF AWARD (TO) - Award of excused absence, increments of from 1 hour to 40 hours, for noteworthy achievements, either one-time acts or performance. (Attach description of achievement)
- ☐ T Award - TEAM AWARD - for accomplishments by entire team, individual team members, and/or team peers on a team. (Attach brief description of team achievement, as appropriate, description of individual member achievement and justification of cash amounts other equal shares). Indicate whether this is a "Q" or "S" Award.
- ☐ Award to entire Team ☐ Award to Individual Team Member(s)

INFORMATION ON RECIPIENT

NAME (For team awards attach a list showing names, SSNs, position titles, series, grade/step) POSITION TITLE, SERIES, GRADE/STEP  
H. Christopher Grundler Deputy Office Director, OTAQ, ES-0801/04

ORGANIZATION AND LOCATION

EPA, OAR, OTAQ Ann Arbor, MI 48105

SOCIAL SECURITY NUMBER

(b) (6)

TIMEKEEPER NO.

8031

PERSON TO RECEIVE CHECK

PERIOD OF SERVICE ON WHICH AWARD IS BASED

FROM 10/99

TO 9/00

RECOMMENDED AMOUNT OF MONETARY AWARD

(Refer to table #1, or #3 in EPA 3130 Recognition Policy and Procedures Manual)

TIME OFF	TANGIBLE	INTANGIBLE	TOTAL
		\$3,906.00	3,666 \$3,906.00

OFFICIAL	SIGNATURE	TITLE	DATE
NOMINATING EMPLOYEE (PEER)			
RECOMMENDING OFFICIAL	Margo Tsigotis Oge, Director Office of Transportation and Air Quality		007 45 2000
APPROVING OFFICIAL	Robert Perciasepe, Assistant Administrator Office of Air and Radiation		11-300
OBLIGATING OFFICIAL			

Financial and Accounting Data

Line	DCN (Max 6)	Budget/FYs (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	SFO
1							
2							
3							

Line	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)	Funding Approp. (%) (Max 7)
1					
2					
3					



**Nomination for Special Act Award for Christopher Grundler**

(b) (6)



*Christopher Grundler, Deputy Director  
Office of Transportation and Air Quality  
Narrative on Efforts to Promote Equal Opportunity and Fairness*

(b) (6)



(b) (6)



(b) (6)

A large, solid black rectangular box covers the majority of the page, indicating that the content has been redacted.



U.S. Environmental Protection Agency  
Washington, DC 20460

**Performance Agreement, Appraisal and  
Certification for Supervisors, Managers and Executives**

Performance Period

Employee's Name (Last, First, MI)

From  
10/01/98

To  
09/30/99

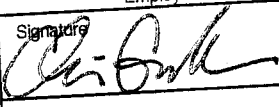
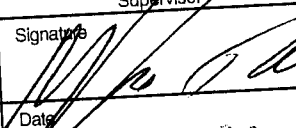

Grundler, H. Christopher

Organization (AA, Ofc, Div, Br)  
OAR, OMS

Title, Pay Plan, Series, Grade, Step  
Deputy Director, ES-0801, 00/04

**Section A. Performance Agreement and Midyear Review Certifications**

Please sign and date the appropriate block below to certify completion of the events.

	Employee	Supervisor	Approving Official							
I. Discussion and/or approval of the performance agreement	Signature 	Signature 	Signature 							
	Date 10.22.98	Date 10-29-98	Date 10-29-98							
II. Midyear performance review and career development discussion	Yes/No									
	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> <p>Was standard for recertification discussed? (SES members only) Was previous IDP completed? (Participated in 40 hours of development activities) Has new IDP been Established? (Date _____) Comments Attached</p>									
Signature - Employee	Date	Signature - Supervisor	Date							



## Section B. Overall Performance Appraisal and Certification

Summary Performance Rating: (Definitions apply to GM employees only)

- (b) (6)
- Outstanding - One-half or more CJE's are rated Outstanding, none lower than Exceeds Expectations.
  - Exceeds Expectations - One-half or more CJE's are rated Exceeds Expectations or higher, none lower than Fully Successful.
  - Fully Successful - Majority of CJE's are rated Fully Successful, none lower than Fully Successful.
  - Minimally Satisfactory - One or more CJE's are rated Minimally Satisfactory, none are Unsatisfactory.
  - Unsatisfactory - One or more CJE's are rated Unsatisfactory.

Type of Summary Rating:

☒ End of annual cycle ☐ Employee Reassigned ☐ Employee Leaving Agency ☐ Other (Specify) \_\_\_\_\_

I. Supervisor: I have appraised this employee's performance and prepared a recommended rating.

Name and Title (type or print)	Signature	Date
Margo Oge, Director, OMS	<i>Margo Oge</i>	10-20-99

II. Reviewing Official: (SES and PMRS Only) The recommended rating reflects my assessment of the employee's performance.

Name and Title (type or print)	Signature	Date
Robert Perciasepe, AA Office of Air and Radiation	<i>Bob Perciasepe</i>	10-29-99

III. Approving Official: (All Employees) I approve the rating of record and related personnel decisions for this employee.

Name and Title (type or print)	Signature	Date
Carol Browner, Administrator	<i>Carol A. Browner</i>	MAR - 9 2000



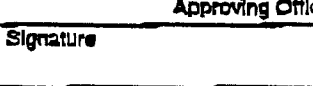
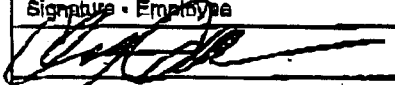


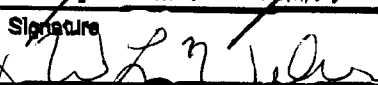


**Privacy Act Statement:** Disclosure of your Social Security Number on this form is voluntary. The number is linked with your name in the official personnel records system to ensure unique identification of your records. The Social Security Number will be used solely to ensure accurate entry of your performance rating into the automated record system.

IV. Employee: My Supervisor and I have discussed my performance for this period in relation to my performance standards and measures, and my supervisor has informed me of my rating of record.

Signature	Date	Comments Attached? Yes No	Social Security Number
See Attached Sheet			386-68-9240



U.S. Environmental Protection Agency  
Washington, DC 20460**Performance Agreement, Appraisal and Certification for Senior Executives**

Employee's Name (Last, First, MI) Grundler, H. Christopher		Performance Period From 10/01/04 To 9/30/05	
Title, Pay Plan, Series, Grade, Step Deputy Director, OIAO, ES-0801-04		Organization (AA, Ofc., Div., Br.) Office of Air and Radiation, Office of Transportation and Air Quality	
<b>Section A. Performance Agreement and Midyear Review Certifications</b> Please sign and date the appropriate block below to certify completion of the events.			
Discussion and/or approval of the performance agreement	Employee Signature  Date	Supervisor Signature  Date	Approving Official Signature  Date
	Midyear performance review and career development discussion Yes / No <input type="checkbox"/> Was previous IDP completed? (Participated in 40 hours of development activities) <input type="checkbox"/> Has new IDP been established? Enter Date: <input type="checkbox"/> Comments Attached		
Signature - Employee  Date		Signature - Supervisor  Date	
<b>Section B. Overall Performance Appraisal and Certification</b>			
Summary Performance Rating: (b) (6) Outstanding - One-half or more CJE's are rated Outstanding, none lower than Exceeds Expectations Exceeds Expectations - One-half or more CJE's are rated Exceeds Expectations or higher, none lower than Fully Successful Fully Successful - Majority of CJE's are rated Fully Successful, none lower than Fully Successful Minimally Satisfactory - One or more CJE's are rated Minimally Satisfactory, none are Unsatisfactory Unsatisfactory - One or more CJE's are rated Unsatisfactory			
Type of Summary Rating: <input checked="" type="checkbox"/> End of Annual Cycle <input type="checkbox"/> Employee Reassigned <input type="checkbox"/> Employee Leaving Agency <input type="checkbox"/> Other - Specify:			
I. Supervisor: I have appraised this employee's performance and prepared a recommended rating.			
Name and title (type or print): Margo Tsirligotis Oge, Director		Signature 	Date 10-26-05
II. Reviewing Official: The recommended rating reflects my assessment of the employee's performance.			
Name and title (type or print): William Wehrum, Actg AA		Signature 	Date 10-28-05
III. Approving Official (The Administrator): I approve the rating of record and related personnel decisions for this employee.			
Name (type or print):		Signature 	Date DEC 2 2005
Privacy Act Statement: Disclosure of your Social Security Number on this form is voluntary. The number is linked with your name in the official personnel records system to ensure unique identification of your records. The Social Security Number will be used solely to ensure accurate entry of your performance rating into the automated record system.			
IV. Employee: My supervisor and I have discussed my performance for this period in relation to my performance standards and measures, and my supervisor has informed me of my rating of record.			
Signature 		Date 10-26-05	Comments Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (b) (6)



# RECOMMENDATION FOR MONETARY AWARD

Submit original and two (2) copies to the operating personnel office.

\* Refer to the EPA Awards Manual for individual Award Criteria \*

## TYPE OF AWARD

- ☐ **MERIT PAY CASH AWARD.** A performance-based cash award granted for significant accomplishments related to the individual's Performance Agreement.
- ☒ **SPECIAL ACT OR SERVICE AWARD.** Given to an individual or group for significant one-time achievements related to official employment. The amount of award is based on the value of tangible and/or intangible benefits accruing from the special act or service.
- ☐ **SUSTAINED SUPERIOR PERFORMANCE CASH AWARD.** Given in recognition of continued high quality performance of the duties of the employee's position which substantially exceeds performance standards. Amount of award is determined according to a percentage of base pay.
- ☐ **QUALITY WITHIN-GRADE INCREASE.** An additional within-grade increase granted for sustained high quality performance which is expected to continue in the future.

## INFORMATION ON RECIPIENT

NAME (For group awards attach separate list of names, positions, and SSN's)

**CHRISTOPHER H. GRUNDLER**

POSITION TITLE, SERIES, GRADE, STEP

**ENVIRONMENTAL ENGINEER GS 0819 12/01**

ORGANIZATION AND LOCATION

**OFFICE OF SOLID WASTE & EMERGENCY RESPONSE, OFFICE OF WASTE PROGRAMS ENFORCEMENT**

SOCIAL SECURITY NUMBER

(b) (6)

TIMEKEEPER NO.

**DA 8129**

PERSON TO RECEIVE CHECK

**PAMELA A. HOLT, WR-527, 475-8122**

PERIOD OF SERVICE ON WHICH AWARD IS BASED

FROM

**AUG 1983**

TO

**June 1984**

MONETARY AWARDS GRANTED IN LAST 52 WEEKS

**N/A**

ACCOUNT NO. TO BE CHARGED

**4TCB81AA00**

## AMOUNT OF CASH AWARD RECOMMENDED

MERIT PAY

SPECIAL ACT OR SERVICE

SUSTAINED SUPERIOR PERFORMANCE

\$

\$

TANGIBLE

INTANGIBLE

**\$ 2,000.00**

TOTAL

**\$ 2,000.00**

\$

## RECOMMENDING, REVIEWING, AND APPROVING OFFICIALS

OFFICIAL

SIGNATURE

TITLE

DATE

RECOMMENDING OFFICIAL

*Barbara Elber*

**ACTING DIRECTOR, CERCLA ENFORCEMENT DIVISION**

OBLIGATING FUNDS

*Pamela A Holt*

**ADMINISTRATIVE OFFICER**

PERSONNEL REVIEW

*Barbara Elber*

*Barbara Elber*

APPROVING OFFICIAL

☒ APPROVED

☐ DISAPPROVED

*Doreen McElroy*

**ACTING DEPUTY DIRECTOR, OWPE**

**5/17/84**

# RECOMMENDATION FOR MONETARY AWARD

Submit original and two (2) copies to the operating personnel office.

\* Refer to the EPA Awards Manual for individual Award Criteria \*

## TYPE OF AWARD

- ☐ **MERIT PAY CASH AWARD.** A performance-based cash award granted for significant accomplishments related to the individual's Performance Agreement.
- ☒ **SPECIAL ACT OR SERVICE AWARD.** Given to an individual or group for significant one-time achievements related to official employment. The amount of award is based on the value of tangible and/or intangible benefits accruing from the special act or service.
- ☐ **SUSTAINED SUPERIOR PERFORMANCE CASH AWARD.** Given in recognition of continued high quality performance of the duties of the employee's position which substantially exceeds performance standards. Amount of award is determined according to a percentage of base pay.
- ☐ **QUALITY WITHIN-GRADE INCREASE.** An additional within-grade increase granted for sustained high quality performance which is expected to continue in the future.

## INFORMATION ON RECIPIENT

NAME (For group awards attach separate list of names, positions, and SSN's)

POSITION TITLE, SERIES, GRADE, STEP

ES-340

Director, Great Lakes National Program Office

Christopher H. Grundler

ORGANIZATION AND LOCATION

U.S. EPA, Region 5/Great Lakes National Program Office

SOCIAL SECURITY NUMBER

TIMEKEEPER NO.

PERSON TO RECEIVE CHECK

(b) (6)

EPA 8136

Minnie Brantley

ACCOUNT NO. TO BE CHARGED

PERIOD OF SERVICE ON WHICH AWARD IS BASED  
FROM TO

MONETARY AWARDS GRANTED IN  
LAST 52 WEEKS  
NONE

A 42054000)

## AMOUNT OF CASH AWARD RECOMMENDED

SUSTAINED SUPERIOR  
PERFORMANCE

MERIT PAY

SPECIAL ACT OR SERVICE

TANGIBLE

INTANGIBLE

TOTAL

\$ 4,000.00

## RECOMMENDING, REVIEWING, AND APPROVING OFFICIALS

DATE

OFFICIAL

SIGNATURE

TITLE

RECOMMENDING OFFICIAL

Valdas V. Adamkus

Regional Administrator, Region 5

11/01/91

OBLIGATING FUNDS

PERSONNEL REVIEW

Arnette Hillman

Personnel Management Specialist

12/12/91

APPROVING OFFICIAL

☒ APPROVED

☐ DISAPPROVED

F. HENRY HABICHT JR.  
Deputy Administrator

Deputy Administrator

12/12/91